# POST-DEPLOYMENT HEALTH REASSESSMENT APPLICATION

**USER'S GUIDE** 

December 2005



# PDHRA



Looking out for the health and wellbeing of our Airmen

# POST-DEPLOYMENT HEALTH REASSESSMENT APPLICATION

# **PDHRA**

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This document was developed by the Population Health Support Division (PHSD), Air Force Medical Support Agency (AFMSA), Office of the USAF Surgeon General in conjunction with the Clinical Quality Management Division, AFMSA/SGOC, Office of the USAF Surgeon General.

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Special thanks for the contributions provided in this guidance to Ms. Adriana Vargas, Population Health Support Division, AFMSA.

Special thanks to Col Donna Lake and her staff at Seymour Johnson AFB for beta testing the PDHRA process and this application.

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# **OVERVIEW OF THE PDHRA**

The health and wellbeing of our Airmen is the cornerstone of our war-fighting capabilities. For this reason, we aggressively monitor and manage their health before, during and after deployments. In December 2005, in addition to other tools already in place, the Air Force implemented the Post-Deployment Health Reassessment (PDHRA) (DD Form 2900) and appropriate clinical assessments to ensure that our forces are "fit to fight." The PDHRA is a Department of Defense (DoD) requirement that allows for the early identification and management of symptoms that may appear in the months following a deployment.

### The PDHRA Process

The Air Force has automated the PDHRA process to ensure that important health care information gets into the hands of the healthcare team in a timely and efficient manner, while avoiding unnecessary appointments. All active duty members returning from deployment that required a DD Form 2796 (Post-Deployment Health Assessment, or PDHA) will be instructed by their Unit Deployment Managers (UDMs) to complete the web-based DD Form 2900 within 90-180 days of returning from deployment. One exception includes members on the Personnel Reliability Program (PRP). These members must make an in-person appointment with their Primary Care Manager (PCM) to complete the PDHRA.

Once a member has completed the PDHRA, the results are immediately available for retrieval by the Military Treatment Facility (MTF) via the Preventive Health Assessment and Individual Medical Readiness Software (PIMR). The MTF must retrieve PDHRA results within one duty day and will be responsible for implementing a process, including designating personnel, to check PIMR daily for PDHRA results. If PDHRA results have not been retrieved within one duty day, the Population Health Support Division (PHSD) PDHRA Utilization Managers (PDHRA UMs) will contact the MTF. The MTFs will be informed as to which PDHRAs are positives and which are negatives based on pre-determined clinical scoring criteria. Negative PDHRAs can be batch printed and placed in the member's medical record and require no further follow-up.

Positive PDHRAs will need appropriate follow-up with the MTF, usually with their Primary Care Element (PCE). Also, a healthcare provider must complete page 4 of the PDHRA DD Form 2900. The form must be completed within PIMR in order to fulfill the DoD requirement that the form be forwarded electronically to the Army Medical Surveillance Agency (AMSA). The PDHRA UMs will contact the MTF if a required page 4 has not been completed within 30 days of the time the member completed the initial part of the form.

Depending on a member's responses on the PDHRA, they may be asked to complete additional question sets in order to help providers fully assess the members' symptoms. These questions may be regarding substance use, post-traumatic stress disorder (PTSD), mood and overall functioning. These questions come from the Alcohol Use Disorders Identification Test (AUDIT), the PTSD Checklist-Military Version (PCL-M), and specific questions from the Patient Health Questionnaire-PHQ-9. Responses to additional questions are printed automatically with the PDHRA form for provider review. Scoring information for each additional questionnaire is provided in the printed output.

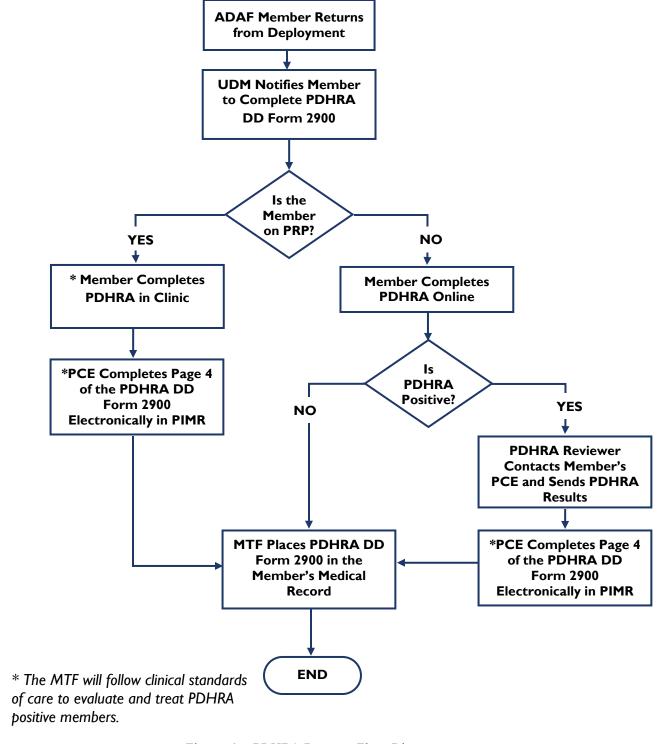


Figure 1 – PDHRA Process Flow Diagram

# Key Participants in the PDHRA Process

While all healthcare providers and ancillary staff play an important role in post-deployment health, there are specifically defined roles for several personnel in the PDHRA process. These include the UDM, the PDHRA Reviewer, the PIMR Application Manager, and the PHSD PDHRA UMs.

### UDM

- Will be responsible for initial notification of the member when they are due for a PDHRA between 90 and 180 days after returning from a deployment which required the member complete a DD Form 2796.
- Will provide members with the URL they will need to complete the webbased PDHRA. (Or will refer PRP personnel to make an appointment with their PCM)
- Must have a process in place to detect when a member is due to complete their PDHRA and when members have completed their PDHRA.
- Will receive routine updates regarding which members are due for PDHRAs from the PHSD PDHRA UMs. (This should not be the primary means by which UDMs keep track of members due for PDHRAs.)
- Work with the PIMR Application Manager to ensure PIMR is updated with accurate contact information for each UDM.

# **PDHRA Monitor**

The PDHRA Monitor and alternate monitor are assigned by the MTF commander. Each MTF will determine which personnel are best suited to serve as PDHRA reviewers based upon local needs, but generally the PDHRA Monitor should have access to PIMR, be able to print DD Form 2900s for filing in medical records and have ready access to the PCE and/or Life Skills. The PDHRA Monitor will:

- Check the PDHRA site daily within PIMR for positive PDHRAs.
- Ensure positive PDHRA results are immediately brought to the attention of a clinical provider who is responsible for follow-up action.
- ◆ Function as a PIMR PDHRA-ADMINISTRATIVE USER within PIMR and receive e-mail notification when positive PDHRAs are pending.
- Serve as the point of contact for the PHSD PDHRA UMs who will be contacting them if PDHRAs are not reviewed within a duty day and/or when page 4 is not completed within 30 days.

# <u>PIMR Application Manager (The PIMR application manager is the position in the MTF that provides software management support to the PIMR system).</u>

The PIMR application manager is the software administrator. He/she assigns passwords, administrative privileges and assists all MTF personnel in the use of PIMR software. The PIMR application manager must have attended the PIMR training afforded by USAFSAM at Brooks City Base, Texas.

- Will serve as the point of contact with the Population Health Support Division for technical issues with PIMR and PIMR-PDHRA. At most MTFs, the PIMR application manager is an existing position.
- Will be responsible for assigning the following access levels for PDHRA:

#### Administrative User (PDHRA monitor and alternate monitor)

This level of access allows a user to review PDHRAs and make entries. . This level of access is provided to the PDHRA Monitor and alternate monitor, who will also be receiving e-mails from PHSD regarding when their MTF has positive PDHRAs pending.

### Read and Edit User (Healthcare provider and support staff)

This level of access allows a user to review PDHRAs and make entries, e.g. complete the provider page of the PDHRA, and complete the administrative section of page 4 items 9 and 10 of the PDHRA.

It is anticipated that all Primary Care Elements (PCEs) (i.e., providers, nurses, and technicians) will have this level of access.

# PIMR PDHRA Read Only User (Force Health Managment, Outpatient Records element and the PDHRA monitor, et al)

This level of access allows an individual to only review PDHRA results.

# PDHRA Utilization Managers (Population Health Support Division)

- ♦ Will function as UM in the PDHRA process.
- ♦ Will work at the PHSD, Air Force Medical Support Agency (AFMSA), Office of the Surgeon General, Brooks City Base, Texas.
- Will provide quality checks at each step of the PDHRA process.
- Will follow-up with UDMs in cases where a member has not completed the PDHRA within 120 days.

• Will follow up with the PDHRA monitor in cases where positive PDHRA results have not been reviewed by the MTF within one duty day or when page 4 of the PDHRA has not been completed within 30 days of reviewing a positive PDHRA.

### Positive PDHRAs

The web-based PDHRA application has been designed to identify certain responses as positives. A positive PDHRA is defined as endorsement of any of the critical items marked on the following PDHRA DD Form 2900. The critical items are identified by a red box on the PDHRA form below (pages 7-10.)

Appropriate clinical follow-up on positive PDHRAs should be based on prevailing clinical standards of care. A positive PDHRA does not automatically require an in-person follow-up. In some instances, a positive PDHRA simply reflects a health concern that has already been appropriately addressed. This should then be noted on page 4, and no further action is necessary. In other cases, a phone call may be adequate to clarify the nature of the concern and to determine if further action is needed. For all positive PDHRAs, the minimum requirement is to complete page 4 and to document that a clinical assessment took place along with the rationale for action or lack of further action.

PCMs may elect to perform follow-up screenings in primary care, or may make a direct referral to Life Skills or ADAPT, based on review of the PDHRA and its additional question sets. In general, providers should allow for at least a 20-minute appointment when face-to-face follow-up assessment is indicated.



# POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)



Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment in support of military operations and to assist military healthcare providers, including behavioral health providers, in identifying present and future medical care needs you may have. The information you provide may result in a referral for additional healthcare that may include behavioral healthcare.

Routine Use: To other Federal and State agencies and civilian healthcare providers as necessary in order to provide necessary medical care and treatment. Responses may be used to guide possible referrals.

Disclosure: Disclosure is voluntary.

INSTRUCTIONS: Please read each question completely and carefully before making your selections. Provide a response for each question. If you do not understand a question, ask the administrator. Please respond based on your MOST RECENT DEPLOYMENT.

Demographics						
Last Name			Today's	Date (dd/mm/yy	nv)	
Lust Numb				7 / T	î"/	
				<b>」/                                    </b>	/	
First Name			MI DOB (dd	/mm/yyyy)		
				1/1 1	/	
Date arrived theat	er (mm/yy	yy)	Date departed theater (mm/yyyy) Social So	ecurity Number	'	
Gender	Service	e Branch	Status Prior to Deployment	Pay Grad	е	
O Male	O Air	Force	Active Duty	O E1	O 001	O W1
O Female	O An	my	<ul> <li>Selected Reserves - Reserve - Unit</li> </ul>	O E2	O 002	O W2
	O Na	vy	<ul> <li>Selected Reserves - Reserve - AGR</li> </ul>	O E3	O 003	O W3
Marital Status	O Ma	rine Corps	<ul> <li>Selected Reserves - Reserve - IMA</li> </ul>	O E4	O 004	O W4
O Never Married	O Co	ast Guard	<ul> <li>Selected Reserves - National Guard - Unit</li> </ul>	O E5	O 005	O w5
-	O Oti	her	<ul> <li>Selected Reserves - National Guard - AGR</li> </ul>	O E6	O 006	
O Married			O Ready Reserves - IRR	O E7	O 007	O Other
O Separated			<ul> <li>Ready Reserves - ING</li> </ul>	O E8	O 008	
O Divorced			O Civilian Government Employee	O E9	O 009	
O Widowed			O Other		O 010	
Location of Opera	ition		Since return from deployment I have:	Current C	ontact Informati	ion:
O Iraq	O So	uth America	<ul> <li>Maintained/returned to previous status</li> </ul>	Phone:		
O Afghanistan	O No	rth America	<ul> <li>Transitioned to Selected Reserves:</li> </ul>	Cell:		
O Kuwait	O Au	stralia	O Transitioned to Ready Reserves:	DSN:		
O Qatar	O Eu	rope	Retired from Military Service	Email:		
O Bosnia/Kosovo	O On	a ship	<ul> <li>Separated from Military Service</li> </ul>	Address:		
O SW Asia - other	- O Otl	her:		-		
O Africa			<u></u>			
Total Deployment	s in Past 5	Years:	Current Unit of Assignment	Point of C	Contact who can	always reach you
	EF	Other	, and the second	Name:		, ,
	1	0.1		Phone:		
	2	0 2	Current Assignment Location	Email:		
	3	0.3		Mailing Ad	Idraee:	
	4	0 4		_ Ivialling AC	Jui Coo.	
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DD FORM 2900, JUN 2005

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1.	Overal O Exc		rate your health during O Very Good	the PAST MONTH O Good	?	O Fair		O Poor	
2.	O Mui O Sor O Abo	ch better now than b mewhat better now t out the same as befo	han before I deployed ore I deployed than before I deployed	ent, how would you	rate your h	nealth in gener	ral now?		_
3.	such a	s in sick call, eme	deployment, about how ergency room, primary o	are, family doctor,		nealth provider	r?		
	O No	visits	O 1 visit	O 2-3 visits		O 4-5 visits	S	O Over 6	visits
4.	Since	you returned from	deployment, have you	been hospitalized?	,			O Yes	O No
5.	During	your deployment	, were you wounded, in	jured, assaulted or	otherwise	physically hurt	?	O Yes	O No
	If NO,	skip to Questior	1 6.						
			having problems relate				O Yes	O No	O Unsure
6.	you fee	than wounds or in el is related to you , skip to Questio	, ,	have a health cond	ern or con	dition that	O Yes	O No	O Unsure
			the item(s) that best d	escribe vour deploy	/ment-relat	ed condition o	r concern.		
	0	Chronic cough				of eyes with tear			
	ŏ	Runny nose		_		of vision, like the	-	oing out	
	0	Fever		0	Chest pair	n or pressure			
	0	Weakness		0	Dizziness,	, fainting, light h	eadedness		
	0	Headaches		0	Difficulty b	reathing			
	0	Swollen, stiff or pa	inful joints			vomiting, or freq			
	0	Back pain		0		sleeping or still	feeling tired af	ter sleeping	
	0	Muscle aches	ing in hands or feet	0	Increased	emembering irritability			
	0	Skin diseases or ra	-	0		ore risks such as	driving faster		
	ŏ	Ringing of the ears		ŏ	Other:	or or none occurrate	anning ractor		
					_				
7.	you ma		tent major concerns reg osed to or encountered n 8.		ffects of so	omething you b	oelieve	O Yes	O No
	7a. IF	YES, please mark	the item(s) that best d	escribe your conce	rn:				
	0	DEET insect repell	ent applied to skin	0	Paints				
	0	Pesticide-treated u	niforms	0	Radiation				
	_		ticides (like area fogging)	0	Radar/mid	crowaves			
	0				Lasers				
	_	Pesticide strips			Loud nois				
	0			_	Excessive Industrial				
	0	Vehicle or truck ex	-		Sand/dust	-			
	ŏ	Tent heater smoke		_		iotor vehicle acc	ident		
	ŏ	JP8 or other fuels				Uranium (if yes,			
	0	Fog oils (smoke so	reen)						
	0	Solvents		0	Other:				
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DD FORM 2900, JUN 2005

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8.	<ol> <li>Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern?</li> </ol>						
9.	Have you had any experience that	at was so frightening, horrible, or upsetti	ng that, IN THE P	AST MONTH,	/ou	_	
	a. Have had any nightmares abo	out it or thought about it when you did no	ot want to		O Yes	O No	
	b. Tried hard not to think about it	t or went out of your way to avoid situati	ons that remind yo	ou of it	O Yes	O No	
	c. Were constantly on guard, wa	tchful, or easily startled			O Yes	O No	
	d. Felt numb or detached from o	thers, activities, or your surroundings			O Yes	O No	
10	a. In the PAST MONTH, did you	use alcohol more than you meant to?			O Yes	O No	
	b. In the PAST MONTH, have yo	ou felt that you wanted to or needed to c	ut down on your d	rinking?	O Yes	O No	
11.	Over the PAST MONTH, have yo problems?	ou been bothered by the following	Not at all	Few or M several days	fore than half the days	Nearly every day	
	a. Little interest or pleasure in do	ping things	0	0	0	0	
	b. Feeling down, depressed, or I	hopeless	0	0	0	0	
12	, ,,	or concerns on this questionnaire, how at home, or get along with other people		e problems ma	de it for you	to	
	O Not difficult at all	O Somewhat difficult	○ Very di	fficult	O Extrem	ely difficult	
13	Would you like to schedule a visi	t with a healthcare provider to further di	scuss your health	concern(s)?	O Yes	○ No	
14	Are you currently interested in re concern?	ceiving information or assistance for a s	stress, emotional o	or alcohol	O Yes	O No	
15	concern?  Are you currently interested in receiving assistance for a family or relationship concern?  O Yes  No						
	Are you currently interested in re	ceiving assistance for a family or relatio	nship concern?		O Yes	O No	

DD FORM 2900, JUN 2005

Reset





	Health Care Prov		-						
	SERVICE MEMBER'S	SOCIAL	. SECURITY	(#	7	DATE	(dd/mm/yyyy)	/	
			<u>                                     </u>				_/	<u>'                                    </u>	
Provi	der Review and Inter	view							
1. Re	Review symptoms and deployment concerns identified on form:								
0	O Confirmed screening results as reported O Screening results modified, amended, clarified during interview:								
2. As	k behavioral risk ques	tions.							
a.	Over the PAST MON or of hurting yourself it			n bothered	by thoughts	that you would be	better off dead	O Yes	O No
	IF YES, about how of thoughts?		-	n bothered	by these	O Very few days	O More than half of the time	O Nearly	every day
b.	Since return from you you might hurt or lose	r deploy	ment, hav	e you had eone?	thoughts or	concerns that	O Yes	O No	O Unsure
3. IF	YES OR UNSURE to				nduct risk a	ssessment.			
	Does member pose a					○ No, not a	O Yes, poses a	O Unsur	e, referred
b.	Outcome of assessm	ent				current risk  Immediate	current risk  Routine follow-	○ Referr	al not indicated
4. Re	ecord additional questi	ons or o	oncerns id	lentified by	patient duri	referral ng interview:	up referral		
				,	,				
Asse: evalua	ssment and Referral: ation and follow-up as	: After r indicate	my intervie ed below.	w with the : (More than	service men one may be	nber and review of e noted for patients	this form, there is a with multiple conce	need for fi erns.)	urther
5. Ide	entified Concerns	Minor	Major		nder Care	6. Referral Info	rmation		
0	Physical Symptom	Concern	Concern	Yes O	No O	O a. No refe	erral made		
	Exposure Concern	0	0	0	0		iate/emergent care		
_	Depression Symptoms	0	0	0	0		y Care, Family Practic	e	
	PTSD Symptoms	0	0	0	0	O d. Specia			
	Anger/Aggression	0	0	0	0		oral Health in Primary	Care	
	Suicidal Ideation	0	0	0	0		Health Specialty Care		
0	Social/Family Conflict	0	0	0	0		Manager, Care Manag		
	Alcohol Use	0	0	0	0		nce Abuse Program		
0	Other:	0	0	0	0		Promotion, Health Ed	ucation	
0	None	-	I			O j. Other ⊦	Healthcare Service		
7. Co	mments:					O k. Chapla	in		
_						O I. Family	Support, Community	Service	
_						O m. Military	OneSource		
	ovider					O n. Other:			
	Name (Last, First)								ICD-9 Code for this
	Signature and stamp:		-4:						visit: V70.5_6
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	nber was provided the		-				le to the following h	eaithcare c	or support system:
_	Health Education and Ir						eatment Facility		
_	Health Care Benefits an		irces inform	ation			ine-Based Medical Re		
	Appointment Assistance		anlata farra			_	al Center or Communi	ty Clinic	
	Service member decline		•	ijaudassas-	nont.	O Vet Cente			
_	Service member decline Service member decline		-		nent	O TRICARE			
0							Support:		
U	Other:						ty Service:		
						_ O None			
						O Notice		፱.	33348
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# **TECHNICAL INFORMATION**

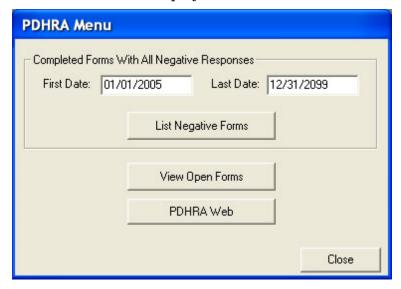
# Accessing PDHRA

To access the PDHRA:

1. From the PIMR screen, click the Deployments button to display the Deployments menu options as shown below.



2. Click the PDHRA button in the Deployments section of the screen.



The PDHRA Menu will display as shown below.

From the PDHRA menu, the user can select to review negative PDHRAs, review Positive PDHRAs, or access the PDHRA web application.

# ■ Reviewing Negative Forms

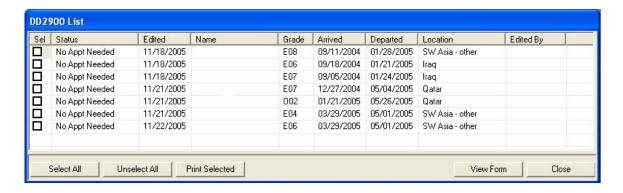
To review a Negative form:

1. In the First Date and Last Date text fields, enter the date range of the forms you would like to review.

Note: The application uses the date when the member completed the form.

2. Click the List Negative Forms button.

The List of Negative forms will display as shown below.

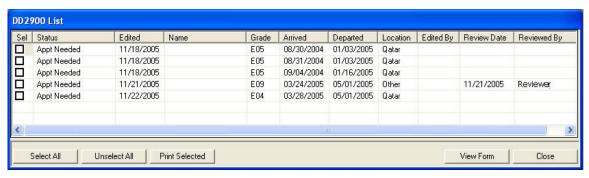


# Reviewing a Positive Form

To review a positive PDHRA:

1. From the PDHRA menu screen, click the View Open Forms button.

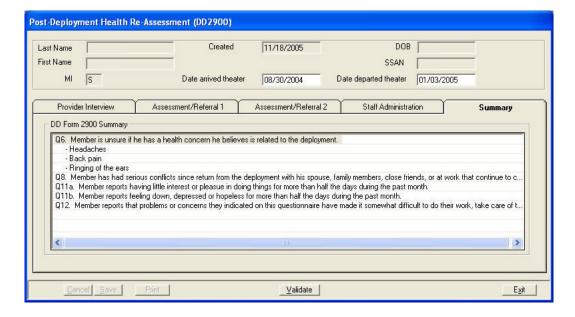
The List of Positive forms will display as shown below.



**Note:** Once a PDHRA has been reviewed the date on which it was opened will automatically appear in the Review Date column, as well as the name of the person who reviewed the PDHRA. A positive PDHRA will remain an Open form until the provider portion Page 4 is completed.

- 2. Select the  $\Box$  check box next to the form you want to review.
- 3. Click the View Form button.

The Summary section of Page 4 will be displayed as shown below.

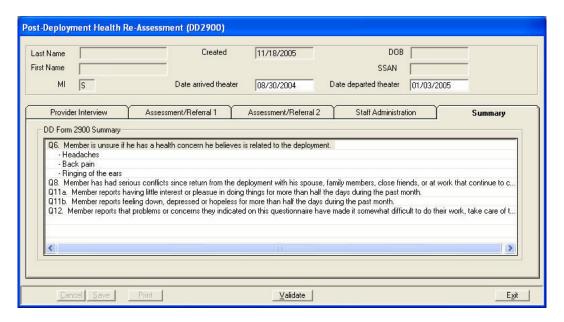


# ■ Completing the Provider Portion (page 4) of the PDHRA

To access the provider portion of the PDHRA:

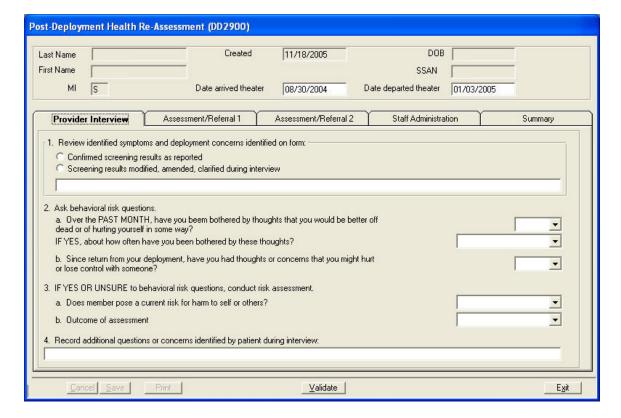
- 1. From the PDHRA List of Positive forms, select the  $\square$  check box next to the form you want to complete.
- 2. Click the View Form button.

The Summary section of Page 4 will be displayed as shown below.



**Note:** While the provider Page 4 of the PDHRA is one page, it has been divided into five tabs.

3. Click the Provider Interview tab.



The Provider Interview screen will display as shown below:

4. Enter the information in the Provider Interview and additional tabs to complete Page 4.

**Note:** Per DOD policy, all sections of the forms must be completed, including the Provider Interview, Assessment/Referral 1, Assessment/Referral 2, and Staff Administration, before a form can be validated. Incomplete forms cannot be validated and therefore PDHRA provider portion page 4 without complete information will remain Open forms

Tip: Click the Validate button at the bottom of the screen to see what questions have not yet been completed. In order to finalize the form all items must be completed. At any point you may also select to cancel out of the screen or save the work that has been done. You will not be able to print the provider page 4 until all the questions have been answered.

# ■ To Print Forms

1. From the List of forms (Negative or Positive) select the  $\Box$  check box next to the form you want to print.

**Note:** To select all the check boxes, click the near the bottom of the screen.

To clear all of the check boxes, click the unselect All button near the bottom of the screen.

- 2. Click the Print Selected button at the bottom of the screen.
  - **Tip:** The MTF may want to put a process in place to review negative PDHRAs weekly, print them and place in members' medical record as required per DOD policy.
- 3. Click the Close button to return to the PDHRA menu.

Note: Both positive and negative PDHRAs must be printed for the member's medical record. After reviewing a positive PDHRA, it must be printed. The DD2900, Provider Summary, and Supplemental Forms (e.g. the Additional Question Sets), if any, will print automatically. Printing the form is the only way of knowing if the member completed any additional question sets.



# **ADDITIONAL QUESTION SETS**

Individuals who are positive for behavioral health issues will be offered additional questions to further assess their concerns and aid their PCM in addressing their needs. An individual may be asked to complete up to three additional questions sets depending on their responses on the PDHRA. These include the AUDIT, the PCL-M, and selected questions from the Patient Questionnaire-PHQ-9.

#### AUDIT

The AUDIT is a 10-item screening questionnaire with three questions on the amount and frequency of drinking, three questions on alcohol dependence, and four on problems caused by alcohol. The AUDIT has a decision process that includes brief intervention with heavy drinkers, or referral to specialized treatment for patients who show evidence of more serious alcohol involvement. AUDIT Core Instrument is useful for early detection of harmful drinking, while AUDIT Clinical Instrument is used for the identification of alcohol dependent cases. There is an optional Clinical Screening Procedure, consisting of two questions about traumatic injury, five items on clinical examination, and a blood test, the serum GGT. The Clinical Screening Procedure may be relevant for defensive patients in situations where alcohol-specific questions cannot be asked with confidence. It has been validated in primary care settings in six different countries, and tested in drug users, emergency room settings, and with people of low socioeconomic status. The sensitivity is in the 90 % and the specificity is in the 80%. AUDIT was found to be a good predictor of alcohol-related social and medical problems. A score of 8 or more is associated with harmful or hazardous drinking. A score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence

# AUDIT Questionnaire

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?

Never monthly or 2–4 times a 2–3 times a 4 or more times less month week a week

2. How many standard drinks containing alcohol do you have on a typical day when drinking?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

3. How often do you have six or more drinks on one occasion?

Never less than monthly weekly daily or almost monthly daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never less than monthly weekly daily or almost monthly daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never less than monthly weekly daily or almost monthly daily

6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?

Never less than monthly weekly daily or almost monthly daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never less than monthly weekly daily or almost monthly daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never less than monthly weekly daily or almost monthly daily

9. Have you or someone else been injured as a result of your drinking?

No yes, but not in the last year yes, during the last year

10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No yes, but not in the last year yes, during the last year

# **■ PCL-M**

PCL-M

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist:

- 1) PCL-M is specific to PTSD caused by military experiences
- 2) PCL-C is applied generally to any traumatic event

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about "the past month," questions may ask about "the past week" or be modified to focus on events specific to a deployment. Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) scale, circling their responses. Responses range from **1** *Not at All* – **5** *Extremely* 

# How is the PCL-M Scored?

It is recommended that response categories **3–5** (*Moderately* or above) be considered as symptomatic and responses **1–2** (below *Moderately*) as non-symptomatic. For any response categories **3–5** (*Moderately* or above) further evaluation by a behavioral health provider is suggested.

# Patient's Name:

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response		A little	Moderately	Quite a	Extremely
		(1)	bit (2)	(3)	bit (4)	(5)
1.	Repeated, disturbing memories,					
	thoughts, or images of a					
	stressful military experience					
	from the past?					
2.	Repeated, disturbing <i>dreams</i> of					
	a stressful military experience					
	from the past?					
3.	Suddenly acting or feeling as if					
	a stressful military experience					
	were happening again (as if you					
	were reliving it)?					

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
4.	Feeling <i>very upset</i> when					
	something reminded you of a					
	stressful military experience					
5.	from the past? Having physical reactions (e.g.,					
3.	heart pounding, trouble					
	breathing, or sweating) when					
	something reminded you of a					
	stressful military experience					
	from the past?					
6.	Avoid thinking about or talking					
	about a stressful military					
	experience from the past or					
	avoid <i>having feelings</i> related to					
	it?					
7.	Avoid activities or situations					
	because they remind you of a					
	stressful military experience					
8.	from the past?					
0.	Trouble <i>remembering important</i> parts of a stressful military					
	experience from the past?					
9.	Loss of interest in things that					
-	you used to enjoy?					
10.	Feeling <i>distant</i> or <i>cut</i> off from					
	other people?					
11.	Feeling <i>emotionally numb</i> or					
	being unable to have loving					
	feelings for those close to you?					
<b>12</b> .	Feeling as if your <i>future</i> will					
	somehow be <i>cut short</i> ?					
13.	Trouble falling or staying					
	asleep?					
14.	Feeling <i>irritable</i> or having					
1 =	angry outbursts?					
	Having difficulty concentrating?					
10.	Being "super alert" or watchful on guard?					
17	Feeling <i>jumpy</i> or easily					
'	startled?					
	piaraca:					

# ■ Modified Patient Health Questionnaire (PHQ-9)

The Modified Patient Questionnaire – PHQ-9 includes all questions except for the assessment of suicidal ideation.

# Modified Patient Health Questionnaire - PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days I	More than half the days	Nearly every day 3
1. Little interest or pleasure in doing things.				
2. Feeling down, depressed, or hopeless.				
3. Trouble falling/staying asleep, sleep too much.				
4. Feeling tired or having little energy.				
5. Poor appetite or overeating.				
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.				
7. Trouble concentrating on things, such as reading the newspaper or watching television.				
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.				

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
□ Not difficult at all □ Somewhat Difficult □ Very Difficult □ Extremely Difficult
Question 9, a question about suicidality, has been removed from this measure. Therefore, the scoring algorithm for the PHQ-9 is not applicable and the results for this question set are reported as raw data only.

NOTE: To use the scoring for the PHQ-9, the member must be asked question 9 as follows:

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	More than half the days 2	
9. Thoughts that you would be better off dead or of hurting yourself in some way.			

Then the complete PHQ-9 would be scored as follows:

# Major Depressive Syndrome is suggested if:

- ◆ Of the 9 items, 5 or more are checked as at least "More than half the days"
- Either item #1 or #2 is positive, that is, at least "More than half the days"

# Other Depressive Syndrome is suggested if:

- Of the 9 items, 2, 3, or 4 are checked as at least "More than half the days"
- Either item #1 or #2 is positive, that is, at least "More than half the days"
- ♦ Also, PHQ-9 scores can be used to plan and monitor treatment. To score the instrument, tally each response by the number value under the answer headings, (not at all = 0; several days = 1, more than half the days = 2, and nearly every day = 3). Add the numbers together to total the score on the bottom of the questionnaire.



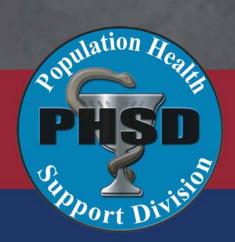
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PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division This is a Government document in the public domain.

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